



STATE OF WASHINGTON
DEPARTMENT OF LABOR AND INDUSTRIES
Elevator Section
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(360) 902-6130 Fax (360) 902-6132
Web site: <http://www.wa.gov/lni/elevators>

HYDRAULIC OVERPRESSURE TEST

Complete form when Resealing or Changing Valves

Building Name: _____ Conveyance # _____
Address: _____

1. Diameter of Piston: _____ inches
Capacity: _____ lbs.
2. Empty car pressure UP direction: _____ lbs.
Full load pressure UP direction: _____ lbs.
3. Overpressure set at: _____ lbs.
4. Does check valve hold care with rated load? Yes _____ No _____
5. Has valve been sealed? Yes _____ No _____
6. Has gauge adapter been installed? Yes _____ No _____
7. **Results of test shall be posted in or on the controller.**

Comments:

NAME OF FIRM MAKING TEST: _____
PERSON IN CHARGE OF TEST: _____
DATE OF TEST: _____

Complete as soon as possible and return to the office at the top of this form.